

Commonwealth of Kentucky
Department for Community Based Services

INDEPENDENT ADOPTION APPLICATION

1. Name, address, and telephone number of proposed adoptive parents.

Name _____ Phone Number _____

Address _____ County _____
Street City State Zip

2. Name, address, and telephone number of attorney representing proposed adoptive parents.

Name _____

Address _____ Phone Number _____
Street City State Zip

3. If the proposed adoptive parents reside in Kentucky, state whether the home study shall be conducted by DCBS, a Kentucky licensed child placing agency or an out of state licensed adoption agency if the proposed adoptive parents reside in another state.

If a child placing agency, give name and address. _____

4. Signatures of proposed adoptive parents:

Proposed Adoptive Father Proposed Adoptive Mother

5. Relationship to child, name, permanent address and telephone number of biological mother, placing mother, biological father, legal father, putative father (if applicable), and/or placing father of the child to be received or placed.

Name _____ Phone Number _____
(Name of Biological Mother)

Permanent Address _____ County _____
Street City State Zip

Current Address _____ County _____
(if different) Street City State Zip

Name _____ Phone Number _____
(Name of Placing Mother if different than biological mother)

Permanent Address _____ County _____
Street City State Zip

Current Address _____ County _____
(if different) Street City State Zip

- **Please note if father is unknown**

Name _____ Phone Number _____
(Name of Biological Father)

Address _____ County _____
Street City State Zip

Name _____ Phone Number _____
(Name of Legal Father)

Address _____ County _____
Street City State Zip



Name _____ Phone Number _____
(Name of Putative Father)

Address _____ County _____
Street City State Zip

Name _____ Phone Number _____
(Name of Placing Father if different than biological, legal or putative)

Address _____ County _____
Street City State Zip

6. Name, address, and telephone number of attorney representing the biological, legal, putative parents and/or placing parents.

Name _____

Address _____ Phone Number _____
Street City State Zip

7. Signatures of biological, legal, putative and/or placing parents (if different from biological, legal or putative):

_____	_____
	(Relationship to Child)
_____	_____
	(Relationship to Child)
_____	_____
	(Relationship to Child)
_____	_____
	(Relationship to Child)

8. If born, legal name, birth date, and current address of child, or expected date of birth if child is to be born within thirty (30) days of this application.

Name _____ Current Address _____

Birth date _____ or Expected Date of Birth _____

9. Has legal custody of the child been awarded to any agency or persons other than the biological parents? _____ If yes, provide name and address. Per KRS 199.473 attach a copy of the:

- Custody Order,
- Criminal records check, and
- Child Abuse and Neglect check.

Name _____

Address _____ Phone Number _____
Street City State Zip

10. Please submit this application in duplicate by certified or registered mail to: Secretary, Cabinet for Health and Family Services, attn: Commissioner, Department for Community based Services, 275 E. Main Street. Frankfort. Kentucky 40621. This application shall not be accepted unless a certified or cashiers check made payable to the Treasurer, Commonwealth of Kentucky in the amount of \$200.00 is attached and a copy of:

- Birth Records or DPP-105
- Federal Tax Return (most recent) or Other Verification of Income (i.e. paycheck stub)
- DPP-108-A, Health Information Required for Proposed Adoptive Parents Regarding Dependent Children
- DPP-107, Health Information Required for Resource Home Applicants or Adult Household Members (922 KAR 1:350 section 3(8) (a))
- DPP190, Information to be Obtained from Proposed Adoptive Parents
- DPP-190A, Supplemental Information to be Obtained from Proposed Adoptive Parents
- Verification of Current Marriage, Prior Divorce (i.e. divorce decree), or Death of Prior Spouse (i.e. death certificate)

Note: Applicants whose income is 250% above the Federal poverty level <http://aspe.hhs.gov/poverty/index.cfm> will be referred to a listing of Kentucky private licensed adoption agencies <http://chfs.ky.gov/os/oig/drcc.htm> for completion of their home study. A copy of the applicant's latest Federal income tax return or other verification of income must be attached to this application for processing.